

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



February 1, 1996

REASON FOR THIS TRANSMITTAL	
[ ]	State Law Change
[ ]	Federal Law or Regulation Change
[ ]	Court Order or Settlement Agreement
[ ]	Clarification Requested by One or More Counties
[ ]	Initiated by CDSS

ALL COUNTY LETTER NO. 96-04

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS

SUBJECT: STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-FC,  
THE FC 2

The purpose of this letter is to inform counties that the Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC), FC 2, has been revised to incorporate various changes requested by County Welfare Departments (CWD), County Probation Departments (CPD), and the California Department of Social Services (CDSS). The effective date of the revised FC 2 is March 1, 1996; discontinue use of the old FC 2 form as of this date.

The FC 2 is completed, instead of the BCJA 2 or SAWS 2, by CWD or CPD staff at application and redetermination whenever a parent or relative is not cooperating with the CWD or CPD and refuses to complete a BCJA 2 or SAWS 2. A parent or relative may complete the non-shaded areas of the FC 2 instead of the BCJA 2 or SAWS 2 at redetermination only. The CDSS worked closely with county regional groups to develop a form that best met the needs of both social work and eligibility staff.

Supplies of the FC 2 will be available from the CDSS Warehouse. Counties should submit orders on a GEN 727A to:

California Department of Social Services Warehouse  
P.O. Box 22429  
Sacramento, California 95822-3799

#### Signature Requirements

The county placement worker signs the FC 2 to certify that the information recorded on the form is "true and correct to the best of [his/her] knowledge" and forwards it to the eligibility worker for the eligibility determination. The CDSS recognizes that county operational procedures vary and that staff other than the placement worker may assist with completion of the FC 2.

The CDSS has been asked whether the eligibility supervisor signature is optional on the FC 2; some counties have asked if the placement worker and eligibility worker signatures can meet the requirement of Eligibility and Assistance Standards (EAS) Manual, Section 40-128.4. While 40-128.4 does not specifically state that the second signature must be supervisory, EAS 40-128.4 does state that two county workers must sign the Statement of Facts and one of those workers must "recommend" authorization of aid and the other must "approve." Accordingly, two persons who sign the FC-2 must be aware of the eligibility criteria and responsible for eligibility determinations. This will probably be an eligibility worker and an eligibility supervisor but may be an eligibility worker and a county quality control/fiscal employee, depending on county procedures. Therefore, a supervisor or some other county employee capable of approving an eligibility determination must sign the FC 2 in addition to the eligibility worker.

If you should have any questions regarding this letter, please contact the Foster Care Policy Bureau at (916) 445-0813.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marjorie Kelly".

MARJORIE KELLY  
Deputy Director  
Children & Family Services Division

**STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-FOSTER CARE(FC)**

**INSTRUCTIONS:** Complete in ink all questions to the left of the heavy black line. The parent/legal guardian completes the non-shaded sections of this form instead of the BCJA 2 or SAWS 2 at redetermination only; the placement worker/county welfare department is to complete the shaded portions. The placement worker/county welfare department may complete all sections of this form instead of the BCJA 2 or SAWS 2 at application and redetermination when the parent/legal guardian is:

☐ Not available    ☐ Not cooperating    ☐ Deceased    ☐ Incapacitated

① Child Name \_\_\_\_\_ ② ☐ Male ☐ Female

③ Address \_\_\_\_\_

④ Birth date \_\_\_\_\_

⑤ Birthplace \_\_\_\_\_

⑥ Social Security # \_\_\_\_\_

Applied For?

☐ Yes ☐ No

⑦ Citizen of U.S.? \_\_\_\_\_

⑧ Alien Status: \_\_\_\_\_

⑨ Does the child have medical insurance? \_\_\_\_\_

☐ Yes ☐ No

If yes, list policy number, company name, and name of policy:

⑩ Does the child have real or personal property? \_\_\_\_\_

☐ Yes ☐ No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value:

⑪ Does the child have income? ☐ Yes ☐ No ☐ Unknown\*

If yes, list amounts below. If application pending, check associated box.

Income Type	Amount	Pending
Social Security		<input type="checkbox"/>
Child Support		<input type="checkbox"/>
Railroad Retirement		<input type="checkbox"/>
SSI/SSP		<input type="checkbox"/>
Veteran's Benefits		<input type="checkbox"/>
Salary/Wages		<input type="checkbox"/>
Other (specify)		<input type="checkbox"/>
Total Amount/Month		<input type="checkbox"/>

\* If unknown, please explain:

⑫ Name of School or Training Program:

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF**

⑬ If child has salary/wages, is the child attending school at least half-time? ☐ Yes ☐ No

⑭ Does the child have an Independent Living Program Plan? ☐ Yes ☐ No

**COMPLETE BELOW FOR CHILDREN 17 AND OLDER**

⑮ Does the child attend school on a full-time basis? ☐ Yes ☐ No

⑯ Expected graduation/completion before 19th birthday? ☐ Yes ☐ No

**ELIGIBILITY WORKER ONLY**

☐ APPLICATION

☐ REDETERMINATION

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**VERIFICATION**

AGE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CITIZENSHIP/ALIEN STATUS \_\_\_\_\_

DHS 6155 ☐

CHILD'S PROPERTY \_\_\_\_\_

CHILD'S INCOME/PENDING INCOME \_\_\_\_\_

ILP \_\_\_\_\_

VERIFIED BY SCHOOL **YES**

SCHOOL ATTENDANCE ☐

GRADUATION ☐

(17) PARENTAL INFORMATION				VERIFICATION
	Parent 1	Parent 2	Parent 3	
Name				CHILD SUPPORT REFERRAL
Relationship				
Maiden Name				
Date of Birth				
Birthplace				
Social Security #				
Address				
Telephone #				
U.S. Citizen (yes or no)				
Veteran (Branch, Years in Service, Serial #)				
(18) DEPRIVATION - INITIAL AND REDETERMINATION				DEPRIVATION
A. Is either the mother or father deceased? <input type="checkbox"/> yes, fill-in A1 and skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to B. A1. Deceased parent(s) name: _____ <input type="checkbox"/> Location of death: _____ <input type="checkbox"/> Date of death: _____				
B. Did the mother and/or the father relinquish the child or have either parents' parental rights been terminated(TPR)? <input type="checkbox"/> yes, fill-in B1 and skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to C. B1. Relinquishing/TPR parent (s): _____ Date of Relinquishment(s) TPR(S): _____				
C. Are the mother and father living together? <input type="checkbox"/> no, skip to #19. Deprivation exists, pending verification <input type="checkbox"/> yes, PROCEED to D.				
D. Is either the mother or father physically or mentally incapacitated? <input type="checkbox"/> yes, skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to E.				
E. Is either parent unemployed? <input type="checkbox"/> no, go to #19. <input type="checkbox"/> yes, go to #19.				DOCUMENTATION IN FILE: <input type="checkbox"/> CA 341 (Medical report) <input type="checkbox"/> Written statement from physician <input type="checkbox"/> other substantiation (EAS 41-430)
<b>TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT AT REDETERMINATION ONLY</b>				
(19) REDETERMINATION OF DEPRIVATION - GOOD FAITH EFFORTS				
If the parent(s) is unavailable or uncooperative, please list below the good faith efforts made to contact the parent(s) (i.e., 2 phone calls attempted, 2 letters sent, 1 piece of returned mail, 1 home visit attempted, 1 failure to keep scheduled appointment, etc.) to redetermine deprivation.				
				GOOD FAITH EFFORTS MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO

**DIRECTIONS: QUESTIONS 19-22 MUST BE COMPLETED AT INITIAL APPLICATION. THESE QUESTIONS MUST ALSO BE COMPLETED AT REDETERMINATIONS WHEN THERE ARE ANY CHANGES TO THE INFORMATION BELOW.**

**VERIFICATION**

**19. Parental Financial Information**

	Parent 1	Parent 2	Parent 3
Occupation			
Name of Employer			
Address of Employer			
Work Hours/Month			
Gross Monthly Wage			
Child Support Paid			
Child Support Received			
Disability (State, Workers' Compensation, etc.)			
Unemployment Benefits			
Pensions			
SSI/SSP			
Veteran's Benefits			
Other Monthly Income (i.e., social security, etc.)			
Application for Income Pending (yes, no, or unknown)			
Accounts (checking, savings, etc.)			
Name of Financial Institution			
Address of Financial Institution			
Cash on Hand			
Other Assets			
Personal Property			
Real Property & Address			
Auto (Year/Model)			

PARENTAL INCOME

PARENTAL PENDING INCOME

PARENTAL RESOURCES

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF**

**20. What is the authority for the child's out-of-home placement?**

<input type="checkbox"/> Voluntary placement agreement (SOC 155)	Date: _____
<input type="checkbox"/> Relinquishment - Mother	Date: _____
<input type="checkbox"/> Relinquishment - Father	Date: _____
<input type="checkbox"/> Termination of Parental Rights	Date: _____
<input type="checkbox"/> Child/Agency Agreement	Date: _____
<input type="checkbox"/> Nonrelated legal guardian	Date: _____
<input type="checkbox"/> Court Order	

**Check box to indicate in which court order the finding was made. Enter date of hearing/order.**





Court Order Findings	Detention Date: _____	Jurisdictional Date: _____	Dispositional Date: _____	Other Date: _____
a) Continuance in the home is contrary to the welfare of the minor.				
b) Placement and care is vested with the county.				
c) Reasonable efforts to prevent the removal of the child were made or the lack of preplacement preventative efforts was reasonable.				

**COURT ORDER FINDINGS MADE?**

FINDING a: ☐ YES ☐ NO

FINDING b: ☐ YES ☐ NO

FINDING c: ☐ YES ☐ NO

TO BE COMPLETED BY PLACEMENT WORKER COUNTY WELFARE DEPARTMENT STAFF AT APPLICATION ONLY			
Check appropriate box.	Yes	No	Insufficient Information
(21) Would the services case file support a determination that the parent or relative from whom removed had minimal income and resources and that the child probably would have been eligible for public assistance in the month of removal?			
(22) Has the child lived with the parent or relative from whom removed within the last 6 months?			
PARENT/LEGAL GUARDIAN: I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.			
			
SIGNATURE OF PARENT/LEGAL GUARDIAN			
COUNTY WHERE SIGNED		DATE	
PLACEMENT WORKER: ALL INFORMATION RECORDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
			
SIGNATURE OF PLACEMENT WORKER (NOT APPLICABLE IF PARENT OF LEGAL GUARDIAN AVAILABLE)			
NAME OF AGENCY		DATE	
SIGNATURE OF ELIGIBILITY WORKER		DATE	
			
SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR		DATE	
			

## VERIFICATION

POEM

- ☐ ELIGIBLE FACILITIES REQUIREMENTS MET  
☐ SERVICES REQUIREMENTS MET

- ☐ NOT ELIGIBLE  
☐ ELIGIBLE  
☐ FEDERAL  
☐ NONFEDERAL  
☐ OTHER